DOCUMENT RESUME

ED 445 463 EC 308 070

AUTHOR	Nabors, Laura; Weist, Mark; Acosta, Olga; Tashman, Nancy
TITLE	Quality Improvement and School-Based Mental Health Programs.
INSTITUTION	University of South Florida, Tampa. Research and Training Center for Children's Mental Health.; University of South Florida, Tampa. Louis de la Parte Florida Mental Health Inst.
SPONS AGENCY	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Mental Health Services.; National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
PUB DATE	1999-02-00
NOTE	5p.; In: The Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (12th, Tampa, FL, February 21-24, 1999).
CONTRACT	H133B90022
AVAILABLE FROM	For full text: http://www.fmhi.usf.edu/institute/pubs/bysubject.html.
PUB TYPE	Reports - Research (143) -- Speeches/Meeting Papers (150)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Behavior Disorders; Coping; Educational Environment; Elementary Secondary Education; *Emotional Disturbances; Family Programs; *Integrated Services; Mental Disorders; *Mental Health Programs; *Outcomes of Treatment; Participant Satisfaction; Program Effectiveness; *Psychological Services; Stress Management; Student Characteristics
IDENTIFIERS	*Maryland (Baltimore)

ABSTRACT

This report discusses the outcomes of a study that reviewed activities to ensure quality of care for adolescents receiving mental health services in the School Mental Health Program (SMHP), based in the Department of Psychiatry at the University of Maryland School of Medicine. For this program a team of clinicians, as well as trainees in each area, provide services in Baltimore City public schools. Services provided include individual, group, and family therapies; case management; collaboration, such as developing wraparound service plans; and primary, secondary and tertiary prevention activities, which include conducting mental health educational activities in school. Quality improvement activities for the SMHP were conducted in three phases: a structural appraisal, an evaluation of the treatment process, and an examination of treatment outcomes. Results indicate: (1) stakeholders were satisfied with services, however, all groups recognized a supply and demand problem; (2) students were commonly coping with bereavement and loss issues and needed to learn skills to manage anger, improve self-esteem, or to improve their coping skills in the classroom or in peer relationships; and (3) students were highly satisfied with the mental health services they received and valued the therapeutic relationship and skills they learned during therapy. (Contains 16 references.) (CR)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 445 463

Quality Improvement and School-Based Mental Health Programs

Introduction

In the last decade several changes have redefined service provision for children and families. One paradigm shift has involved changes in service delivery. It has become standard practice to deliver comprehensive mental health services in community-based programs, such as schools (Eber & Nelson, 1997; Rosenblatt, & Attkisson, 1992, 1993). Another issue centers on the increasing need for mental health services for youth in an era of cutbacks and increasing demands for accountability (Hoagwood, Jensen, Petti, & Burns, 1996). Thus, it has become increasingly important to record indices of accountability demonstrating quality care for youth receiving mental health services.

In this presentation, activities to ensure quality of care for adolescents receiving mental health services in the School Mental Health Program (SMHP) were reviewed. The SMHP is based in the Department of Psychiatry at the University of Maryland School of Medicine. For this program a team of clinicians, including licensed psychologists and social workers, as well as trainees in each area, provide services in Baltimore City public schools. A broad range of services are provided to youth, including: 1) individual, group, and family therapies; 2) case management; 3) collaboration, such as developing wraparound service plans, and; 4) primary, secondary, and tertiary prevention activities, which include conducting mental health education activities in schools (Weist, 1997).

Importance of Quality Improvement Activities

Recognizing the importance of quality improvement (QI) activities, the Center for School Mental Health Assistance (CSMHA), one of two national technical assistance centers to advance school mental health, convened a meeting of leaders in school mental health programs and quality assurance. Participants in this meeting identified key aspects of quality in school mental health programs. These key aspects are intended to:

> *(1) Provide comprehensive direct clinical assessment and treatment services for underserved youth, (2) emphasize preventive programs that provide early identification and treatment for youth in need, (3) ensure that mental health programs have a strength or competency focus, versus an exclusive focus on reducing psychopathology, and (4) seek to maximize the impact of mental health services by improvement in collaborative efforts aimed at improving the global school environment. (CSMHA, 1996, p. 4)*

Quality improvement activities for these programs should include development of a mission statement and program standards, conducting activities to assess program structure (e.g., developing staff training activities and orientation programs), developing a resource library, documenting structural variables (e.g., clinician experience), documenting

Laura Nabors, Ph.D.
Research Consultant
Phone: 1-888-706-0980
E-mail: lnabors@umpsy.umaryland.edu

Mark Weist, Ph.D.
Director
Phone: 410/328-6364
E-mail: mweist@umpsy.umaryland.edu

Olga Acosta, Ph.D.
Project Coordinator
Phone: 1-888-706-0980
E-mail: oacosta@umpsy.umaryland.edu

Nancy Tashman, Ph.D.
Research Consultant
Phone: 410/328-9183
E-mail:
ntashman@umpsy.umaryland.edu

Center for School Mental Health Assistance
Department of Psychiatry, University of Maryland School of Medicine
680 West Lexington Street, Floor 10
Baltimore, Maryland 21201-1570
1-888-706-0980 Fax 410/706-0984

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

EC 308070

BEST COPY AVAILABLE

therapy process (e.g., supervision of trainees, record techniques and activities used in therapy sessions), and examining treatment outcome (e.g., using satisfaction surveys, behavioral checklists, interviews; Nabors, Weist, Tashman, & Myers, 1999).

Methods and Results

QI Activities in a School-Based Mental Health Program

Quality improvement activities for the SMHP were conducted in three phases, beginning with: 1) a structural appraisal (e.g., conducting a needs assessment), followed by; 2) an evaluation of the treatment process (e.g., implementation of a peer review team), and then moving to; 3) an examination of treatment outcomes (Donabedian, 1980).

Structural Appraisal. The needs assessment was conducted with stakeholder focus groups of students, parents, clinicians, teachers, health center staff, and school administrators. Stakeholders were satisfied with services. However, all groups recognized a "supply and demand problem" related to the shortage of clinicians and the overwhelming number of students who could benefit from participating in therapy. Areas for improving the program centered on increasing education efforts for children and families so they had a better understanding of mental health problems, increasing funding to hire more clinicians, and increasing family involvement in treatment (Nabors, Tashman, & Jackson, 1998; Nabors, Tashman, Myers, & Weist, 1998).

Treatment Process Evaluation. The SMHP process of care was assessed through recording the activities of a Peer Review Team (PRT; Nabors, Lee, Tashman, Acosta, & Weist, 1999). The goals of the PRT were to evaluate therapy quality and to improve therapeutic process by suggesting interventions to enhance protective factors operating in the student's life, or by providing ideas for wraparound services. Qualitative analyses of transcripts of PRT meetings with clinicians were used to determine relevant themes. Results indicated that students were commonly coping with bereavement and loss issues, needed to learn skills to manage anger, improve self-esteem, or to improve their coping skills in the classroom or in relationships with peers or family. Reviewers addressed these issues and provided recommendations about techniques to improve students' abilities to cope with traumatic experiences. During follow-up interviews, clinicians expressed appreciation for recommendations made by reviewers, especially those related to enhancing protective factors and improving case management services.

Outcomes Evaluation. Program outcomes are assessed in several ways. For instance, program funders require information about the number of students seen in individual, group, and family sessions for each clinician over the course of the school year. Information on grades, attendance, and disciplinary encounters are recorded for students who have participated in what is considered an adequate "therapy dose," i.e., attending four or more sessions.

The eight-item version of the Client Satisfaction Questionnaire (CSQ: Larsen, Attkisson, Hargreaves, & Nguyen, 1979) was used to examine student satisfaction with their "mental health counseling." Results indicated that students were highly satisfied with the mental health services they received. Students valued the therapeutic relationship, "catharsis" associated with therapy, and skills they learned during therapy. Several factors influenced satisfaction ratings, including clinician training as well as student grades. Specifically, results of a regression analysis indicated that students were more satisfied with services provided by more experienced clinicians. Older students (juniors and seniors) were more satisfied with their therapy than underclassman. There was a trend for students with lower grades to feel less satisfied with mental health services than those with higher grades (Nabors, Reynolds, & Weist, 1999). Assessing adolescent satisfaction was useful in our program evaluation efforts. More research in this area is necessary. In future studies, researchers should continue examining children's satisfaction with their mental health services as a routinely executed quality improvement activity.

Future Program Evaluations

Funding provided by the Agency for Health Care Policy and Research (AHCPR) has enabled the SMHP to begin assessing other types of outcomes that may be more relevant for measuring change related to therapy participation. This stage of the program evaluation will be developed over the next two years. Key measures in evaluation efforts include the development of a tracking form (filled

out by clinicians), to assess "therapy dose" (e.g., number of sessions; session type—individual, group, family, crisis—and session length), and measurement of student behavioral and emotional functioning from student, parent, teacher, and clinician perspectives.

Parent and student reports of student functioning will be assessed, using the Child Behavior Checklist (CBCL: Achenbach, 1991a) and Youth Self-Report Scale (YSR: Achenbach, 1991b). Clinician views of student functioning will be examined using the Child and Adolescent Functional Assessment Scale (CAFAS: Hodges, 1995) and the tracking form. Teachers will complete a brief measure of student behavioral progress. Students also will fill out measures assessing perceptions of their clinician's relationship skills and their satisfaction with services. Data on functional indicators such as grades and attendance will be collected and compared to ratings of student behavioral and emotional functioning.

Conclusion

Significance of QI Programs

Quality improvement activities for the SMHP have provided important accountability data. Results are disseminated to clinicians through newsletters. This contributes to clinical training efforts and helps to shape program evaluation activities. When QI activities are tied to training and evaluation efforts (e.g., to gather accountability data) there is a greater chance they will be incorporated into practice and become part of the way an organization functions. The QI activities reviewed can be incorporated into day-to-day operations for school mental health programs. Results from these activities can provide information for clinicians to improve quality of treatment and enhance the cost-effectiveness of treatment. Quality treatment can reduce referrals for psychiatric hospitalization or to the juvenile justice system, document the effectiveness of short-term therapy, and may increase the number of children graduating from school and entering the work force.

References

Achenbach, T. M. (1991a). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile.* Burlington, VT: University of Vermont Department of Psychiatry.

Achenbach, T. M. (1991b). *Manual for the Youth Self-Report and 1991 Profile.* Burlington, VT: University of Vermont Department of Psychiatry.

Center for School Mental Health Assistance (1996). *Quality assurance in expanded school mental health.* Baltimore: Author.

Donabedian, A. (1980). *The definitions of quality and approaches to its assessment.* Ann Arbor, MI: Health Administration Press.

Eber, L., & Nelson, M. (1997). School-based wraparound planning: Integrating services for students with emotional and behavioral needs. *American Journal of Orthopsychiatry, 67,* 385-395.

Hoagwood, K., Jensen, P. S., Petti, T., & Burns, B. J. (1996). Outcomes of mental health care for children and adolescents: I. A comprehensive conceptual model. *Journal of the American Academy of Child and Adolescent Psychiatry, 35,* 1055-1063.

Hodges, K. (1995). *Child and Adolescent Functional Assessment Scale (CAFAS; Version 2.15.96).* University Publishing: Ann Arbor, MI.

Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning, 2,* 197-207.

Nabors, L. A., Lee, T. M., Tashman, N. A., Acosta, O. M., Weist, M. D. (1999) Implementation of a peer review program in an expanded school mental health program. Manuscript submitted for publication.

Nabors, L. A., Tashman, N., Myers, P., & Weist, M. (1998). *Key processes for school mental health programs to advance.* Poster presentation at the 11th Annual Conference: A System of Care for Children's Mental Health: Expanding the Research Base (March 8 to March 11, 1998). Tampa, FL.

Nabors, L. A., Tashman, N., & Jackson, C. (1998). *Quality assurance and evaluation in school-based mental health programs.* Paper presentation at the 3rd National Conference on Advancing School-Based Mental Health Services, Virginia Beach, Virginia.

Nabors, L., Reynolds, M. W., & Weist, M. D. (June, 1999). *Quality improvement activities in an expanded school mental health program.* Fifth annual meeting of the National Assembly on School-Based Health Care. Washington, DC.

Nabors, L., Weist, M., Tashman, N., & Myers, P. (1999). Quality assurance and school-based mental health services. *Psychology in the Schools 36,* 485-493.

Rosenblatt, A., & Attkisson, C. C. (1992). Integrating systems of care in California for youth with severe emotional disturbance I: A descriptive overview of the California AB377 evaluation project. *Journal of Child and Family Studies, 1,* 93-113.

Rosenblatt, A., & Attkisson, C. C. (1993). Integrating systems of care in California for youth with severe emotional disturbance III: Answers that lead to questions about out-of-home placements and the AB377 evaluation project. *Journal of Child and Family Studies, 2,* 119-141.

Weist, M. D. (1997). Expanded school mental health services: A national movement in progress. In T. H. Ollendick, & R. J. Prinz (Eds.), *Advances in clinical child psychology, Vol. 19* (pp. 319-352). New York: Plenum.